

Credit Card Authorization Form

Complete and send with your invoice or return form.

Please remit payment to:

Department of Finance
Collections Office
P.O. Box 196300
Nashville, TN 37219-6300

Visa

MasterCard

Discover

American Express

Card # _____

Exp. Date ____/____/____

Name on card _____

Phone #(____) -____-____

Total Tax Due \$ _____

Please note that a convenience fee of 2.3% will be assessed by the electronic processing company. No part of this fee goes to Metro. Your signature authorizes this fee to be added to the total amount of your transaction.

Signature x _____